

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/566417

FILING DATE

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/	/				52						
3		/		/			53						
4		/		/			54						
5		4		/			55						
6		4		/			56						
7		4		/			57						
8		4		/			58						
9		4		/			59						
10		4		/			60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14		3		/			64						
15		3		/			65						
16		3		/			66						
17	/		/				67						
18		/		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25							75						
26							76						
27							77						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			23				TOTAL CLAIMS						